

**Welcome to Hope City  
Wildland Fires  
Sonoma County, CA**

Dear Group Leader:

On behalf of Hope City, we would like to thank you for choosing to serve alongside us in Sonoma County, CA. We know that you have many options to choose from with disasters occurring more frequently and appreciate the time and energy your group is giving this community in need. Hope City is a volunteer rebuild camp partnering with ROC Sonoma (Rebuilding Our Community)

The disaster you are responding to is known as the Tubbs fire. In October of 2017 the fire would sweep across Sonoma County with a ferocity of destruction. Hope City responded within minutes of the fires outbreak, as we were called to assist with evacuations. The Tubbs fire would go on to burn 36,810 acres and destroying 4,658 homes burned. The fire would take the lives of 22 individuals and would go on to be California's deadliest and most financially destructive fire. Although the Tubbs fire started in the Calistoga area, most of the damage occurred in Santa Rosa including three well known subdivisions.

Hope City would go on to assist with the Nuns fire as well in Sonoma County. The Nuns would burn over 56,000 acres in Sonoma County with 375 homes destroyed. The Nuns Fire would become the 6th most destructive fire.

event in US history.

During your trip, Hope City will be working to ensure the team's success during the week and also making sure there is an appropriate amount of meaningful work to achieve this goal, as we give you this opportunity to serve different homeowners and **depending on your teams size it may require your team or teams being split up**. We will also be praying that God works through the hearts of each individual involved and works through you to strengthen relationships with each other and families you will work alongside.

Please see attached documents.

If you have any questions please feel free to contact us.

We look forward to having your team at Hope City!

Tim Saunders  
Director of Volunteers & Housing  
Tim@hcrn.info  
877-936-HOPE

## Hope City Sonoma County

Our host will meet your team Sunday night for dinner (6 pm) and our host will provide an orientation (7 pm).

Camp rate is \$150 per person, per week. This includes lodging, meals, and a Hope City T-shirt. We also provide all materials for the project and use of tools. **(We do cater to allergies)**

When reserving your trip, please make a \$100.00 non-refundable deposit to book your group. The balance will be **due 10 days** prior to your arrival.

### **Please make checks payable to:**

**Hope City  
P.O. Box 967  
Middletown, CA 95461**

Hope City is dormitory housing with single beds, with separate accommodations for men and women. **More than one group may be in camp each week.**

Teen groups are encouraged to serve with Hope City. Please talk with a Hope City staff member about adult to student ratios for your team.

Each group is required to **provide volunteers to cook each day during your stay.** Breakfast and dinner are hot meals while volunteers will pack a sack lunch each day to eat at the worksite. Kitchen volunteers will prepare and serve meals. All volunteers are expected to help clean and maintain common areas during your stay.

Your team and individual forms are included in this packet.

Complete the Group Intake Form and return it with your deposit.

Print copies of all related forms for each of your team members.

Hope City has projects with a variety of work needed. Our staff will not be able to give you exact assignments until shortly before your trip. **We do note volunteers with specific skills and work to use those skills effectively.**

One last request, please don't come with your own agenda, as it prevents God from giving you His.

## Hope City Packet Contents

1. Hope City Group Intake Form  
Group leader complete and submit to reserve your team dates and beds
2. Individual Release of Liability Form – Adult  
Every group member must complete this form.
3. Medical Information for Individual Volunteers  
Every group member must complete
4. Minor Volunteer Release Form  
For any volunteer under 18, **must include parent or guardian signature**
5. Medical Release for Minors  
A medical treatment release for any minor volunteer
6. House Rules  
Guidelines for our volunteers while on working with Hope City
7. Did you Pack?
8. T-Shirt Order Form
9. Team Skills List – Return to Hope City 10 days prior to your trip

**Hope City Volunteer Group Intake Form**

Email-tim@hcrn.info - Phone-(707) 306-6631  
Hope City P.O. Box 967, Middletown, CA 95461

Date \_\_\_\_\_

Group Name \_\_\_\_\_

Address \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_

**Trip Details**

(First Choice)     Date \_\_\_\_/\_\_\_\_/\_\_\_\_

(Second Choice)     Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Confirmed on \_\_\_\_/\_\_\_\_/\_\_\_\_ Confirmed By \_\_\_\_\_

\_\_\_\_\_ # Male Adults

\_\_\_\_\_ # Male Youth

\_\_\_\_\_ # Female Adults

\_\_\_\_\_ # Female Youth

Group Total \_\_\_\_\_ Departure Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Last Work Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*\*As much as we encourage the family unit this project has an age restriction. At this time we cannot house anyone under the age of 12 years old. A 1-1 ratio is required for all children ages 12-15 and a 3-1 ratio for ages 16-17.**

**All groups must provide a copy of their Certificate of Insurance or a copy of each individual insurance card w/policy number.**

**Individual Release of Liability Form  
Hope City**

Please read before signing, as this constitutes the agreement as a volunteer and the understanding of your working relationship as a volunteer with Hope City, a project of Hope Crisis Response Network, Inc.

I \_\_\_\_\_ acknowledge and state the following: I have chosen to travel to Northern California to do construction work designed to repair or rebuild damaged homes.

I understand that this work entails a risk of physical injury and often involves hard physical labor, heavy lifting and other strenuous activity, and that some activities may take place on ladders. I certify that I am in good health and physically able to perform this type of work.

I understand that I am engaging in this project at my own risk. I assume all risk and responsibility as well as related costs and expenses for any damage or injury to my property or any personal injury, which I may sustain while involved in this project.

I understand that Hope City provides accommodations, I also understand that they are not responsible or liable for my personal effects and property and that they will not provide lock up or security for any items. I will hold them harmless in the event of theft, or for loss resulting for any source or cause. I further understand that I am to abide by whatever rules and regulations may be in effect for the accommodations at the time.

I understand the need for confidentiality, and will not discuss, photograph or otherwise disclose identifying information about the occupants of the house I am working in without prior permission from Hope City and the family. This includes any reference to names, addresses or other identifiable information.

By my signature, for myself, my estate and my heirs, I release and discharge, indemnify and forever hold Hope Crisis Response Network, Inc., the partners or any other disaster response agency, together with their officers, agents, servants and employees, harmless from any and all causes of action arising from my participation in this project, including travel or lodging associated therewith, or any damages which may be caused by their own negligence. I also give Hope Crisis Response Network and/or their partners' permission to use any video or photos take of mw on this project for promotional use only.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

*Revised 8/31/16*

**Medical Information for Individual Volunteers  
Hope City**

NAME \_\_\_\_\_  
Blood Type \_\_\_\_\_  
Prescriptions currently being taken:  
Prescription \_\_\_\_\_ dosage \_\_\_\_\_  
Frequency \_\_\_\_\_  
Prescription \_\_\_\_\_ dosage \_\_\_\_\_  
Frequency \_\_\_\_\_  
Prescription \_\_\_\_\_ dosage \_\_\_\_\_  
Frequency \_\_\_\_\_  
Prescription \_\_\_\_\_ dosage \_\_\_\_\_  
Frequency \_\_\_\_\_  
Allergies \_\_\_\_\_  
Non-Prescribed \_\_\_\_\_ dosage \_\_\_\_\_ Frequency \_\_\_\_\_

Name of contact person at home \_\_\_\_\_  
Relationship \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Phone \_\_\_\_\_

Health Insurance Company \_\_\_\_\_  
Policy Number \_\_\_\_\_

(Attach copy of Insurance Card)

Physical Limitations or issues:  
\_\_\_\_\_  
\_\_\_\_\_

I am a diabetic \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_  
I have a history of seizures \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Provide helpful health information

\_\_\_\_\_  
I consider myself healthy enough to fulfill my responsibilities on this volunteer trip  
\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Signature of Volunteer \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

This form will stay with your Team Leader on all projects.

**MINOR VOLUNTEER RELEASE FORM**  
**Hope City**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Phone # \_\_\_\_\_

By my signature, for myself, my estate, and my heirs, I release, discharge, indemnify and forever hold Hope City and its partners, or any other related Disaster Response Agency, together with their officers, agents, servants and employee, harmless from any and all causes of action arising from my participation in this project, including travel or lodging associated therewith, or any damages which may be caused by their own negligence. I also give Hope City and/or it's partners permission to use any video or photo's take of me on this project for promotional use only.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

PARENTAL CONSENT/RELEASE - If the individual is a minor (under 18 years of age), the following should be signed by a parent or legal guardian. I hereby consent and agree, individually and as a parent or legal guardian of to all the terms and provisions above.

Name (please print):

\_\_\_\_\_

Relationship to minor:

\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Medical Release Form for Minors  
Hope City

Minor's Name \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_

Include copy of Insurance Card

Emergency Contacts

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone

(\_\_\_\_) \_\_\_\_\_

Cell (\_\_\_\_) \_\_\_\_\_

Permission to give Aspirin \_\_\_\_ Yes \_\_\_\_ No Permission to give Tylenol \_\_\_\_ Yes \_\_\_\_ No

List Allergies

\_\_\_\_\_

Medication(s) \_\_\_\_\_ Dosage \_\_\_\_\_ Frequency \_\_\_\_\_

Describe any medical conditions or limitations

\_\_\_\_\_

Team Leader's Name \_\_\_\_\_ Trip Destination: Lake County CA.

Parent or Guardian Authorization

I \_\_\_\_\_, authorize

\_\_\_\_\_ to consent to any necessary examination, anesthetic, medical diagnosis, surgery, or treatment and/or hospital care rendered to the minor under the advice of any physician or surgeon licensed to practice medicine by the state in which they practice, during the duration of the trip identified above.

Signature of \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

This form is to be kept with your Team Leaders on all projects.



**Hope City**  
**\*\*HOUSE RULES\*\***

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**MEAL TIMES:**

*Breakfast: 7:00 a.m.*

*Lunch: 12:00 noon or on-site*

*Dinner: 6:00 p.m.*

**QUIET HOURS:**

10:00 p.m. (Sunday – Thursday)

**LIGHTS OUT:**

11:00 p.m. (Sunday – Thursday)

- ❖ THE CAMP IS CLOSED FRIDAY EVENINGS with the exception of extended stay volunteers or those who have flights on Saturdays. **Work can be provided on Saturdays** as one day projects. Thank you in advance for your understanding as our staff needs prep time.
- ❖ Computer access or Wi-Fi is available. Ask Hope City for username and password.
- ❖ Devotions are every morning after breakfast. We ask that your group be prepared to lead devotional time.
- ❖ Family night is on Thursday evening. Please invite the families you serve to come and enjoy a meal and some great fellowship.

**During your week at Hope City:**

- ***For safety***, it is important that proper personal protection equipment be worn on all job sites including footwear and appropriate clothing at all times. If you use chain saws you are required to wear chaps, **NO EXCEPTIONS!**
- Modest dress at camp is appreciated, short sleeves and appropriate shorts are acceptable.
- Clean up your work site after work each day.
- Keep your personal space neat and clean.
- In living together, be sensitive to your fellow volunteers.
- The use of tobacco, alcohol and non-medicinal drugs is not permitted at camp or on project sites.
- Meals are provided daily and we request that you notify the camp director if you will not be joining us for any certain meals.
- Think twice about personal jokes. Remember the GOLDEN RULE.
- You are a representative of Jesus, your Church and Hope City.
- Let your conversation and behavior fit the role of a volunteer “to help people in need, in the name of Christ.”

## Packing List

Sleeping Bag or bedding & pillow

Duffle bag – pack light with adequate clothing for temperature changes

Work pants, recommended

Personal hygiene items

Towel & washcloth, etc.

Medication

Bug spray, suntan lotion

Work boots and a pair of tennis shoes

Work gloves, protective eyewear

Ear plugs, for snorers

First Aid kit to travel in each vehicle

Chargers for Cell phones

Sunglasses

Hat

Work Supplies – depending on your assignment (eg. Hammers, saws, shovels, etc) most of the time equipment will be provided

Bible

### **Optional**

Personal entertainment devices (should include head-phones)

Guitar

Camera

2-way radios

Hope City  
 T-Shirt Order Form (Each volunteer receives a T-shirt at no cost)

Name of Group \_\_\_\_\_ Date of Arrival \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Shirt Size

Small \_\_\_\_\_

Medium \_\_\_\_\_

Large \_\_\_\_\_

XL \_\_\_\_\_

XXL \_\_\_\_\_

Additional Shirts and Hats can be purchased for \$15.00 each. Please make checks payable to Hope City

Shirt Size	Number	\$ 15.00	Total
Small			
Medium			
Large			
XL			
XXL			
XXXL			
Hats		\$ 15.00	
Total			